

**District Of Columbia**  
**Department of Insurance and Securities Regulation**  
**P.O. Box 92180**  
**Washington, DC 20090**



Consumer and Professional Services Division (CPSD)

**APPLICATION FOR RENEWAL OF LICENSE  
FOR INDIVIDUALS –  
RESIDENTS AND NON-RESIDENTS**

Complete this form and mail it, along with the appropriate payment, to the address listed above to renew your license. The renewal will not be complete until all required documents are received.

| LICENSE DETAILS  |  |   |   |
|--|--|---|---|
| State License Number   | Expiration Date<br>4/30/2005   | Social Security Number  |   |
| Name   |  |   |   |
|  |  |   |   |
| <b>License Type</b><br><br><b>Producer (PRO)</b>   | <b>Lines of Authority</b><br><b>Lines of Authority:</b> <ul style="list-style-type: none"> <li>Property</li> <li>Casualty</li> <li>Personal Lines</li> <li>Life</li> <li>Health and A&amp;H</li> <li>Variable</li> </ul> | <b>Do you wish to Renew or Cancel?</b><br><b>List All Lines to Renew:</b> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> |   |
| <b>RESIDENT Agents:</b> The Continuing Education Fee must be a separate check, made out to <b>Promissor</b> and mailed along with this form and your payment for renewing your license to the address above. This fee does not apply to non-resident agents. |  |   |   |
| <b>Continuing Education Credits</b> <b>Hours</b>   |  | <b>Continuing Education Fee</b> <b>\$40</b> for resident agents only.   |   |
| License Renewal Fees are indicated below. The renewal will be rejected if the payment is less than required. No fee is required to cancel your license.  |  |   |   |
| <b>Renewal Amount Due</b>  | <b>Renewal Late Fee</b><br><br><b>\$100.00</b>   | <b>Total Renewal Amount before 5/31/2003</b>  | <b>Total Renewal Amount after 5/31/2003</b> |
| <b>Renewal Fee Payment Information</b><br><br><input type="checkbox"/> Money Order # _____<br><br><input type="checkbox"/> Check # _____<br>Payable to: <b><u>DC Treasurer</u></b>   |  | <b>Continuing Education Fee Payment Information</b><br><br><input type="checkbox"/> Money Order # _____<br><br><input type="checkbox"/> Check # _____<br>Payable to <b>Promissor</b><br><br>This fee only applies to <b>Resident</b> Producers  |   |

## BACKGROUND INFORMATION – Required for all Applicants

Read each question carefully and choose the appropriate response. Remember to enclose the appropriate documentation where indicated according to each question.

- 1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld since you last applied for a license?**

☐ YES ☐ NO

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a. A written statement explaining the circumstances of each incident:
- b. A copy of the charging document, and
- c. A copy of the official document, which demonstrates the resolution of the charges or any final judgment.

- 2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license since you last applied for a license?**

☐ YES ☐ NO

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) A written statement identifying the type of license and explaining the circumstances of each incident:
- b) A copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) A copy of the official document, which demonstrates the resolution of the charges or any final judgment.

- 3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding since you last applied for a license?**

☐ YES ☐ NO

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

- 4. Have you ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement since you last applied for a license?**

☐ YES ☐ NO

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

- 5. Are you currently a party to, or have you been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty since you last applied for a license?**

☐ YES ☐ NO

If you answer yes, you must attach to this application:

A written statement summarizing the details of each incident:  
A copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and  
A copy of the official document, which demonstrates the resolution of the charges or any final judgment.

- 6. Have you or any business in which you are or were an owner, partner, officer or director had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct since you last applied for a license?**

☐ YES ☐ NO

If you answer yes, you must attach to this application:

A written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license:  
Copies of all relevant documents.

- 7. Do you have a child support obligation in arrearage?**

☐ YES ☐ NO

If you answer yes to Question 7, by how many months are you in arrearage? \_\_\_\_\_ Months

- 8. Are you the subject of a child support related subpoena or warrant?**

☐ YES ☐ NO

## CERTIFICATION AND ATTESTATION

The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. I hereby certify that I have obtained the 20K bond for the appropriate License Type and/or LOA.

Please sign and date here: \_\_\_\_\_  
Signature Date

## ATTACHMENTS

Fee: Attach a certified check, check or money order for the amount as indicated below:

- |   |            |
|---|------------|
| 1. Any one (1) or all three (3); Life, Accident/Health or Sickness, Variables | - \$100.00 |
| 2. Any one (1) or all three (3), Property, Casualty, Personal Lines           | - \$100.00 |
| 3. Surplus Lines Authority  | - \$200.00 |
| 4. Bail Bondmen's   | - \$100.00 |
| 5. Managing General Agent   | - \$300.00 |
| 6. Reinsurance Intermediary   | - \$300.00 |

Note: Authorities acquired in both 1 and 2 above in any combination and number is a total fee of \$200.00.

Residents: Attach check for CE banking payable to **Promissor**, for \$40.00

Non-Residents: Attach a Letter of Certification from your home state.